



Recreation and Parks Department
VOLUNTEER INTEREST FORM

Legal Name:	_____		DOB:	_____	
Address:	_____				
City, State, Zip:	_____				
Telephone (h):	_____	(w):	_____	(c):	_____
Email:	_____				
Emergency Contact:	_____	Phone:	_____		
Relationship:	_____				
Present Employer:	_____	Type of Work/Title	_____		
Dates of Employment:	From: _____		To:	_____	
Previous Employer:	_____	Type of Work/Title	_____		
Dates of Employment	From: _____		To:	_____	
High School Attended:	_____	Level of Completion:	_____		
College Attended:	_____	Level of Completion:	_____		
Technical School:	_____	Level of Completion	_____		
Other Training	_____	Level of Completion	_____		

Please check the areas of interest to you:

- ☐ Sports Programs _____
- ☐ Community Center Assistant _____
- ☐ Community and Special Events _____
- ☐ Enrichment Programs _____
- ☐ Flower Bed Partners /Park Beautification _____
- ☐ Photographic/Video Camera Operator _____
- ☐ Anywhere you need me! _____
- ☐ Other _____

Hobbies, skills, personal interests you are able to share: _____

I am available (please check all that apply):

- ☐ Mornings ☐ Afternoons ☐ Evenings ☐ Weekdays ☐ Weekends

How long have you lived in the Sandy Springs community? _____

Social Security Number (needed to conduct background check): _____

Volunteer Experience or Organizational Membership:

Name of Organization

Length of Time with Organization

- 1) _____
- 2) _____

Why do you want to be a volunteer in the Sandy Springs Recreation and Parks Department?



Have you ever been convicted of a criminal offense?	No	Yes
Have you ever been convicted of a crime involving bounced checks or stolen money?	No	Yes
Have you ever been convicted for use or sale of illegal drugs?	No	Yes
Has your driver's license ever been revoked?	No	Yes
Have you ever been convicted of child neglect or abuse?	No	Yes
Do you presently hold a valid Georgia driver's license?	No	Yes
Do you have any pending offenses?	No	Yes
Are there any special needs we should know of to help you carry out your volunteer position?		

List two (2) persons not related to you who can verify your qualifications for this position. If you have experience, give one from that organization:

Name:	Relationship
Address:	City, State, Zip
Telephone (h):	(w):
(c):	Years known:
Name:	Relationship
Address:	City, State, Zip
Telephone (h):	(w):
(c):	Years known:

**RELEASE OF LIABILITY, WAIVER OF CLAIMS, ASSUMPTION OF RISKS AND INDEMNITY AGREEMENT
BY SIGNING THIS RELEASE YOU WILL WAIVE CERTAIN LEGAL RIGHTS, INCLUDING THE RIGHT TO SUE**

Volunteering in any program, activity or facility, and the use of its equipment is at your own risk. You also acknowledge by signing below that you waive any right towards any legal claim regarding any incident. I am aware that all recreational activities involve some risk of accidents and injury. I am also aware that these activities involve inherent risks, dangers and hazards. I freely assume and fully accept all such risks, dangers, and hazards and the possibility of personal injury, death, property damage, or loss resulting therefrom. In consideration of City of Sandy Springs and its agent(s) or subcontractor(s) (including Jacobs Engineering Group) permitting my participation in the activities, I hereby agree as follows:

1. TO WAIVE ANY AND ALL CLAIMS that I may have against City of Sandy Springs and its agent(s) or subcontractor(s) (including CH2M HILL, Inc. and all their directors, officers, employees, agents, and representatives) (all of whom are hereinafter referred to as the RELEASEES);
2. TO RELEASE THE RELEASEES FROM ANY AND ALL LIABILITY for any loss, damage, injury or expense that myself may suffer as a result of participation in, activities in or associated with the Recreation and Parks Department due to any cause whatsoever, INCLUDING NEGLIGENCE ON THE PART OF THE RELEASEES;
3. TO HOLD HARMLESS AND INDEMNIFY THE RELEASEES from any and all liability for any property damage or personal injury to any third party resulting from my participation in activities in or associated with the Recreation and Parks Department,
4. That this release of liability shall be effective and binding upon my heirs, next of kin, executors, administrators and assigns in the event of my death.

I HAVE READ AND UNDERSTAND THIS AGREEMENT PRIOR TO SIGNING IT, AND I AM AWARE THAT BY SIGNING IT, I AM WAIVING CERTAIN LEGAL RIGHTS WHICH I MAY HAVE AGAINST RELEASEES.

Signature: _____

Date: _____

I hereby authorize the above references to release any information relative to me which may be necessary to determine my qualifications for a volunteer position with the Sandy Springs Recreation and Parks Department. I understand the reference check may also include a criminal background check. I certify that all information provided in this application is true and complete. I understand that falsification or omissions of any information may be cause for denial of appointment or dismissal if discovered at a later time.

Signature: _____

Date: _____

Requested By (Staff): _____

Date: _____